

Revision: HCFA-PM-91-4 (BPD)
AUGUST 1991

ATTACHMENT 3.1-A
Page 9
OMB No.: 0938-

State/Territory: Indiana

AMOUNT, DURATION, AND SCOPE OF MEDICAL
AND REMEDIAL CARE AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY

24. Any other medical care and any other type of remedial care recognized
under State law, specified by the Secretary.

a. Transportation.

☒ Provided: ☐ No limitations ☒ With limitations*
☐ Not provided.

b. Services of Christian Science nurses.

☒ Provided: ☐ No limitations ☒ With limitations*
☐ Not provided.

c. Care and services provided in Christian Science sanatoria.

☒ Provided: ☐ No limitations ☒ With limitations*
☐ Not provided.

d. Nursing facility services for patients under 21 years of age.

☒ Provided: ☐ No limitations ☒ With limitations*
☐ Not provided.

e. Emergency hospital services.

☒ Provided: ☒ No limitations ☐ With limitations*
☐ Not provided.

f. Personal care services in recipient's home, prescribed in accordance
with a plan of treatment and provided by a qualified person under
supervision of a registered nurse.

☐ Provided: ☐ No limitations ☐ With limitations*
☒ Not provided.

*Description provided on attachment.

TN No. 91-19
Supersedes 87-4 Approval Date 3-9-92 Effective Date 1-1-92
TN No. 87-4

HCFA ID: 7986E

State: Indiana

AMOUNT, DURATION, AND SCOPE OF MEDICAL
AND REMEDIAL CARE AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY

25. Home and Community Care for Functionally Disabled Elderly Individuals,
as defined, described and limited in Supplement 2 to Attachment 3.1-A,
and Appendices A-G to Supplement 2 to Attachment 3.1-A.

 provided X not provided

1. Inpatient Hospital Services

Provided with limitations

Inpatient hospital services are covered when such services are provided or prescribed by a physician and when the services are medically necessary for the diagnosis or treatment of the recipient's condition, subject to the limitations set out in 405 IAC 1-6-9 and 405 IAC 1-7.

2.a. Outpatient Hospital Services

Provided with limitations

Outpatient hospital services are covered when provided or prescribed by a physician and when the services are medically necessary for the diagnosis or treatment of the recipient's condition, subject to the limitations set out in 405 IAC 1-6-9(h) and 1-7.

2.b. Rural Health Clinic Services

Provided with limitations

Medicaid reimbursement is available to rural health clinics for services provided by a physician, nurse practitioner, or appropriately licensed, certified, or registered therapist employed by the rural health clinic. Those services are subject to the limitations set out in 405 IAC 1-6-11(b)(3).

2.c. Federally Qualified Health
Center Services

Provided with limitations

Medicaid reimbursement is available to FQHC's for medically necessary services provided by licensed health care practitioners, subject to limitations set out in 405 IAC 1-6 and 1-7.

3. Other Laboratory and
X-ray Services

Provided with limitations

All laboratory and x-ray services must be ordered by a physician.

TN # 94-032
Supersedes
TN # 94-006

Approval Date 1/20/95 Effective Date 11-4-94

- 4.a. Nursing Facility Services Provided with limitations.
- Prior review and authorization by the Medicaid office shall be required for nursing facility admissions, facility transfers, readmissions, and level of care changes for recipients admitted to long term care facilities as specified in the level-of-care criteria in 405 IAC 1-3-1 and 1-3-2, as amended.
- 4.b. Early and Periodic Screening, Diagnosis and Treatment Services Provided in excess of federal requirements.
- Treatment services are subject to the same prior authorization requirements specified for each category of service.
- 4.c. Family Planning Services Provided with limitations.
- Norplant and related services are reimbursable once per recipient per five years; if removal and reimplantation at the same or different incision site is performed prior to five years from the previous implantation, reimbursement is available for the removal only.
- 5.a. Physicians' Services Provided with limitations.
- Medicaid reimbursement is available for medically necessary and reasonable services provided by a doctor of medicine or osteopathy for diagnostic, preventive, therapeutic, rehabilitative or palliative services provided within the scope of the practice of medicine, as defined by Indiana law, when provided to recipients, subject to the limitations set out in subsections (b) and (c) of 405 IAC 1-6-15. Medical services provided directly to a recipient by an M.D. or D.O. do not require prior authorization except as specified in subsection (b)(12) of 405 IAC 1-6-15 and 405 IAC 1-7.
- 5.b. Medical and Surgical Services Furnished by a Dentist Provided with limitations.
- Medicaid reimbursement is available only for those dental services listed in 405 IAC 1-6-8(b), subject to the limitations set out in 405 IAC 1-6-8 and 1-7-28, as amended effective 8/1/95. Medicaid will continue to reimburse for previously covered services prior authorized before 8/1/95, provided that the prior authorization is valid for the date of service and the service is performed on or before 1/31/96.

TN # 95-016
Supersedes
TN # 93-035

Approval Date 9/12/95

Effective Date August 1, 1995

6.a. Podiatrists' Services

Provided with limitations.

Medicaid reimbursement is available for podiatric services within the scope of the practice of podiatry as defined by Indian law. Services covered include diagnosis of foot disorders and mechanical, medical and surgical treatment of these disorders, subject to the limitations set out in subsection (b) of 405 IAC.1-6-16 and 405 IAC 1-7-13, as amended.

IN # 94-022
Supersedes
TN # 93-019

Approval Date 12/13/94

Effective Date 9-1-94

6.b. Optometrists' services

Provided with limitations.

Medicaid reimbursement is available for optometric services subject to the limitations set out in 405 IAC 5-23-1 through 5-23-6. Optical supplies are covered when prescribed by an ophthalmologist or optometrist and when dispensed within the limitations set out in 405 5-23-1 through 5-23-6.

6.c. Chiropractors' services Provided with limitations.

Reimbursement is limited to 5 visits and 50 therapeutic physical medicine treatments per recipient per year. Medicaid reimbursement is not available for any chiropractic service provided outside the scope of IC 25-10-1-1 et seq., and 846 IAC 1-3-1 et seq., or for any chiropractic service for which federal financial participation is not available.

6.d. Other Practitioners' services

Provided.

Nurse Practitioners'
services

Provided with limitations.

Medicaid reimbursement is available for medically necessary, reasonable and preventive health care services provided by a licensed, certified nurse practitioner within the scope of the applicable license and certification.

Diabetes Self Management
Training services

Provided with limitations.

Reimbursement is limited to a total of sixteen units (of 15 minutes each) per recipient, per rolling calendar year. Additional units may be prior authorized. Services must be medically necessary; provided by health care professionals who are licensed, registered or certified under applicable Indiana law and who have specialized training in the management of diabetes; and ordered in writing by a physician or podiatrist.

Smoking Cessation
Treatment services

Reimbursement is available for smoking cessation counseling when prescribed by a licensed practitioner within the scope of his license under Indiana law and within the limitations of 405 IAC 5-37. The following may provide smoking cessation counseling services:

- (1) a physician
- (2) a physician's assistant
- (3) a nurse practitioner
- (4) a registered nurse
- (5) a psychologist
- (6) a pharmacist.

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6.d. Physical Therapy,
Occupational Therapy,
or Speech Therapy/Pathology
and Audiology Services
provided by a home health
agency or medical
rehabilitation facility

Provided with limitations.

Prior authorization by the Medicaid agency is required for physical, occupational and speech therapy and audiology services. All of these services must be prescribed by a physician in consultation with a qualified therapist, a licensed physical therapist, a registered occupational therapist, or a licensed audiologist. These services must be medically necessary and do not include educational endeavors such as remediation of learning disabilities. These services are provided only to recipients who are medically confined to the home as certified by the attending or primary physician.

8. Private Duty Nursing
Services

Provided with limitations.

Prior review and authorization by the Medicaid agency shall be required for all private duty nursing services. Medicaid will make reimbursement directly to individual registered nurses and/or licensed practical nurses who are Medicaid Providers of services as outlined in 405 IAC 1-6-11, subsection (b)(1)(B)(i) - (viii).

Note:

Page 2b, 3a(a), and 3(b) need to
be re-paginated so item #8
will be in ^{numerical} ~~alphabetical~~
order. *Shall*

T. 93-019
Supersedes
TN # 91-19

Approval Date 9/14/93

Effective Date 7-1-93

7. Home Health services Provided with limitations.
- Home health services are covered subject to the limitations set out in 405 IAC 5-16-1 through 5-16-6.
- 7.a. Intermittent or part-time nursing services provided by a home health agency or by a registered nurse when no home health agency exists in the area Provided with limitations.
- Subject to the limitations set out in 405 IAC 5-22-2(b)(1) through (3), Medicaid reimbursement is available for intermittent or part-time nursing services when such services are ordered by a physician, and provided according to a plan of treatment developed by the attending physician. No reimbursement will be made for care provided by family members or other individuals residing with the recipient.
- 7.b. Home health aide services provided by a home health agency Provided with limitations.
- All home health services require prior authorization by the Medicaid agency, except those services ordered in writing by a physician prior to the patient's discharge from a hospital and that do not exceed 120 hours within 30 days of discharge. Medicaid reimbursement for services provided by a home health agency is available subject to the limitations set out in 405 IAC 5-16-3, et seq.
- 7.c. Medical supplies, equipment, and appliances suitable for use in the home Provided with limitations.
- Medicaid reimbursement is available for medical supplies, equipment, and appliances suitable for use in the home subject to the limitations set out in 405 IAC 5-19-1 through 5-19-18.

9. Clinic Services Provided with limitations.

Medicaid reimbursement is available for clinic services provided to recipients subject to the limitations set out in 405 IAC 1-6-11(b) and 405 IAC 1-7-22 and 1-7-23. Prior review and authorization is not required for services under those circumstances listed in 405 IAC 1-6-3(e) for covered services listed in 405 IAC 1-7.

10. Dental Services Provided with limitations.

Medicaid reimbursement is available only for those dental services listed in 405 IAC 1-6-8(b), subject to the limitations set out in 405 IAC 1-6-8 and 405 IAC 1-7-28, as amended effective 8/1/95. Medicaid will continue to reimburse for previously covered services prior authorized before 8/1/95, provided that the prior authorization is valid for the date of service and the service is performed on or before 1/31/96.

11. Physical Therapy and Related Services Provided with limitations.

Medicaid reimbursement is available for therapy services including audiology, occupational therapy, physical therapy, respiratory therapy, and speech pathology, subject to the limitations set out in 405 IAC 1-6-20(b), 1-7-21 and 1-7-22. Therapy must be ordered in writing by an M.D. or D.O. and be provided by a qualified therapist or qualified assistant under the direct supervision of the therapist, as appropriate. Therapy provided for diversional, recreational, vocational, or avocational purpose, or for the remediation of learning disabilities or for developmental activities which can be conducted by nonmedical personnel is not covered.

11.a. Physical Therapy Medicaid reimbursement is available subject to prior authorization requirements and limitations set out in 405 IAC 1-6-20(b)(5) and (7), 405 IAC 1-7-21, and 405 IAC 1-7-22.

11.b. Occupational Therapy Medicaid reimbursement is available subject to prior authorization requirements and limitations set out in 405 IAC 1-6-20(b)(5) and (10), 405 IAC 1-7-21 and 405 IAC 1-7-22.

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11.c. Services for individuals with speech, hearing and language disorders (provided by a speech pathologist or audiologist)

Prior authorization is not required for initial evaluations. Reevaluations are subject to prior authorization requirements set out in 405 IAC 1-6-20(b)(5), (6) and (8), as well as 405 IAC 1-7-21 and 1-7-22.

11.d. Respiratory Therapy

Prior authorization by the Medicaid agency is required as set out in 405 IAC 1-6-20 (5) and (9), 405 IAC 1-7-21 and 405 IAC 1-7-22. Prior authorization is not required for:

- (1) Respiratory therapy provided in an inpatient or outpatient hospital setting;
- (2) Emergency respiratory therapy;
- (3) Oxygen provided in an NF;
- (4) 30 hours/visits/sessions in 30 calendar days following hospital discharge when therapy is ordered in writing by a physician prior to discharge.

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